



Verification of Work Experience

Consistent with the provisions in the certification program and 9VAC25-850-50, I certify that

_____ is currently employed by _____
(Applicant's name) (Employer's name)

and has performed a percentage of his/her duties as

(ESC Program Administrator, SW Inspector, ESC Plan Reviewer, combined administrator, etc.)

since _____ and has accumulated _____ hours at that duty.
(Dates of experience)

ESC (place an "X" above which is applicable) or SWM

(Supervisor's printed name)

(Date)

(Supervisor's signature)

(Position or Title)

If an employer (supervisor) falsifies any of the above information, the Program Administrator's, Inspector's, Plan Reviewer's, or Combined Administrator's certification (as well as the supervisor's) will be revoked until a hearing can be held. Falsifying information may void the certification.

Note: Only the experience actually performed as an Inspector, Plan Reviewer, or Program Administrator will apply toward certification.

As part of the certification process, please complete this form and print the document. Submit the document *via email to:* certification@deq.virginia.gov